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How do youth in foster care view the impact of traumatic experiences?☆

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ABSTRACT

Children in family foster care have been disproportionately exposed to traumatic experiences, which contribute to the problems and specific needs they experience. Despite the growing interest in the stories of children in foster care, only a few studies have focused on their lived experiences regarding traumatic events and the resulting impact. The aim of this study was therefore to ask youth themselves how they experience the impact of traumas prior to living in a foster family. Episodic narrative interviews were conducted with 13 youth aged 15–23 (formerly) residing in family foster care in the Netherlands. The interviews were subjected to open coding and organized in themes and sub-themes using thematic analysis. The impact youth experienced from traumas in the past could be grouped in three themes: the experience of emotional and social problems (such as internalizing problems, anger, and loss of bonds), specific strategies to cope with trauma (avoidance, looking for answers, preserving sameness), and not always experiencing impact. The results highlight the clinical problems youth experience, related to posttraumatic stress symptoms and complex trauma. However, youth also indicate strategies they employ to cope with this impact. Interventions for children in foster care with complex trauma should be tailored to the interconnectedness of complex trauma and attachment, and stimulate children's helpful coping strategies.

1. Introduction

Children in foster care have been disproportionately exposed to traumatic experiences prior to coming into care (Dovran, Winje, Arefjord, & Haugland, 2012; Turney & Wildeman, 2017). Moreover, removing children from their families and familiar environment is an additional traumatic event for many children in care (Bowlby, 1980; Lee & Whiting, 2007). Studies have shown that traumatic events in childhood, such as maltreatment, contribute to impairments in a multitude of developmental processes (Cloitre et al., 2009; Van Der Kolk, 2005). Children and their foster parents therefore face the challenge of coping with the impact of these experiences in their every-day lives (Greeson et al., 2011). However, little is known about how youth themselves view this impact, and this study therefore aims to contribute to our understanding of the lived experiences of youth who live in family foster care.

Exposure to traumatic events is associated with Posttraumatic Stress Disorder (PTSD), which is characterized by avoiding trauma-related stimuli, re-experiencing the trauma, negative thoughts or feelings, and

hyperarousal or reactivity (American Psychiatric Association, 2013). Complex traumas are traumatic events or series of events which are particularly extreme and prolonged, from which escape is difficult or impossible (World Health Organization, 2018), such as childhood maltreatment or childhood sexual abuse. Various studies have pointed to a broader set of problems experienced by children who were exposed to complex traumatic experiences. In addition to PTSD symptomatology, children exposed to complex trauma can experience problems with attachment, affect regulation, cognition and self-concept (Cloitre, Miranda, Stovall-McClough, & Han, 2005; Cook et al., 2005). Some authors have therefore argued for a separate diagnosis of complex PTSD, capturing these symptoms and their etiology (Cloitre, Garvert, Brewin, Bryant, & Maercker, 2013; Maercker et al., 2013), which has been incorporated in the ICD-11 (World Health Organization, 2018) but not in the DSM-V (American Psychiatric Association, 2013). Children in foster care seem specifically likely to have experienced complex trauma prior to coming into care (Greeson et al., 2011). Treatment for children experiencing complex PTSD should be aimed at ameliorating these functional impairments together with the PTSD symptoms (Cloitre

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et al., 2013). In addition to clinical and diagnostic studies on the impact of traumatic experiences in childhood, studies have shown that children experience various impact following traumatic experiences. Children report disruptions in their daily lives, social problems, flashbacks, different emotions and changes to their identity, while also noting coping strategies and the importance of caregivers (see Van Wesel, Boeije, Alisic, & Drost, 2012 for a review).

Complex traumas experienced by children are often perpetrated by their primary attachment figures and can hence severely impact this relationship and attachment representations (John et al., 2019). Through interactions with attachment figures, children develop internal working models of themselves and their environment, and learn to interact with others and understand their own value and worth. In stressful situations, children seek proximity to their attachment figures, who comfort them and help them regulate their emotional state (Bowlby, 1980; Van Der Kolk, 2005). Children who are maltreated by those who should comfort and care for them, often have internal working models that perceive their environment as unpredictable and people as not to be trusted or able to comfort you. Moreover, they may not have learned how to properly regulate their emotions in times of distress (Cook et al., 2005; Van Der Kolk, 2005). Due to the importance of attachment in relation to (complex) trauma (John et al., 2019), children in foster care are particularly interesting. They are removed from both their attachment figures and the traumatic environment, while simultaneously placed with new parental figures. The placement in family foster care entails the possibility to form secure attachments to these new caregivers (Schofield & Beek, 2005), which can enable them to make a positive developmental turn and deal with the impact of their traumatic experiences (e.g., McLaughlin, Zeanah, Fox, & Nelson, 2012; Nelson II et al., 2007).

Children in foster care experience high rates of medical problems, mental health problems, and educational difficulties, which are often attributed to their traumatic experiences (Berrick & Skivenes, 2012; Fisher, 2015). Studies that directly link these experiences to outcomes report that children who experience more traumas have more unstable foster care placements (Villodas et al., 2016) and show increased traumatic stress symptoms (Dubner & Motta, 1999; Greeson et al., 2011), less adaptive coping skills (Browne, 2002), more clinical diagnoses (Greeson et al., 2011), and more behavioral and emotional problems (Greeson et al., 2011). In addition, the economic hardship and mental health issues of care leavers have been related to both the number and types of traumatic experiences (Bruskas & Tessin, 2013; Rebbe, Nurius, Ahrens, & Courtney, 2017). Many children in foster care consequently experience the severe impact of childhood trauma throughout their lives (Oswald, Heil, & Goldbeck, 2010). Available treatment programs often have disappointing outcomes, despite much awareness of the severe impact of childhood trauma (Bellamy, Gopalan, & Traube, 2010). On the other hand, there is evidence that children in foster care can show resilience, since psychopathology and neurobiological changes caused by stress are not universal among children in foster care (Fisher, 2015).

Previous studies mostly focused on which and how many traumas youth in foster care experienced, on the clinical consequences of these experiences, and on what makes youth vulnerable for these consequences. However, there is a lack of studies that go beyond this clinical viewpoint and concentrate on how children in foster care view the impact of these experiences in their everyday life. Including the voice of children in research about traumatic experiences can provide insight into how they perceive and process these experiences, and illustrate their meaning-making processes (McLean, 2005; Warming, 2006). Youth's personal experiences can furthermore inform service planning, provide insights to improve treatment for complex problems, and assist care professionals to better understand and meet their needs (Whiting, 2000).

Studies on the voices of children in foster care have illustrated how they experience living in foster care (e.g., Winter, 2010), the stigma

attached to being a 'foster child' (Madigan, Quayle, Cossar, & Paton, 2013), and the impact of placement breakdowns (e.g., Rostill-Brookes, Larkin, Toms, & Churchman, 2011). However, only a few studies focus on children's accounts of traumatic experiences prior to care and the impact of these experiences. Youth interviewed by Riebschleger, Day, and Damashek (2015), for instance, reported chronic traumas prior to care, such as caregiver substance abuse, maltreatment and neglect. Children have additionally pointed to the traumatic experience of being separated from their birth parents and community, and the grief and ambiguous loss that accompanies this (Herrick & Piccus, 2005; Lee & Whiting, 2007; Mitchell, 2017). To increase our understanding of the lived experiences of youth regarding the impact or traumas, this study aims to answer the following research question: *What is, from the youth's own point of view, the impact of traumatic experiences prior to living with a foster family?* This includes both traumatic experiences that occurred while living with biological parents or other primary carers, as well as the traumatic event of being removed from parents' care. We expect youth to report a broad set of problems and not only PTSD symptomatology, aligning with research on complex trauma. Moreover, it will be explored if certain impact youth report can be linked to specific traumatic experiences. A qualitative approach was chosen to gain an in-depth understanding of the lived experiences of youth (Flick, 2018).

2. Method

2.1. Participants

This study is situated in the Netherlands, where family foster care is the preferred type of out-of-home care for children. A total of 23,206 children across various ages lived with foster parents in 2017, of which one-third was placed on a voluntary basis. Over half of the children leaving family foster care were in care for less than a year, while 28% were in care for more than two years (Pleegzorg Nederland, 2018). Foster care in the Netherlands is intended to be temporary, but permanency for children who continue to require out-of-home care is achieved with stable family foster care. Foster parents and foster children receive support from a social worker from the foster care agency, and in the case of a child protection order there is also a case manager who arranges the care for children and the contact with their family. Therapy or other interventions for children with traumatic experiences is arranged by these professionals, and often sought via independent youth care providers (De Baat, van den Bergh, & de Lange, 2017).

The participants were recruited as part of a qualitative study on the needs and experiences of children in family foster care in The Netherlands. A purposive sample of thirteen youth and young adults was willing and able to participate. To be included, participants had to have at least one foster family placement that lasted two years, and had to be an older adolescent or young adult. The first inclusion criterion was chosen because it gave participants the chance to build a relationship with at least one parental figure outside the birth family. The second inclusion criterion was set because older adolescents and young adults were expected to have the ability to reflect on their childhood in a coherent and detailed manner.

The age of participants varied between 15 and 23 ($M = 19.1$) and eleven of them were women (85%). Two participants reported an ethnicity other than Dutch, namely Egyptian and Surinam. Six participants were living with their foster family, while seven lived independently. The majority lived in medium to highly populated urban areas, but one participant lived in a rural area. On average, the participants had spent 7.5 years in foster care (range 2–16) and were 8.5 years old when entering care (range 0–17). Compared to their current age, the first foster care placement for the participants was on average 10.6 years ago, with a broad range of 2 to 23 years. Most participants had lived in one ($n = 7$) or two ($n = 4$) foster families, but two participants had lived in more, namely four and nine different foster families. Five participants had been placed with kin during their placement in foster care. The

majority of participants reported no current mental health problems (78%). Those who did have current mental health problems either indicated a diagnosis of ADHD ($n = 2$) or autism spectrum disorder ($n = 1$). For anonymity reasons, fictitious names for the participants will be used throughout this article.

2.2. Instruments

We conducted episodic narrative interviews (Flick, 2018). Participants were invited to elaborate on interview topics using every-day, concrete examples. The interview allowed participants to determine which stories they shared and how deeply these were discussed. Interview topics broadly covered three themes: what did it mean to be a child living in family foster care, what were your needs while in care, and what was the impact of traumatic experiences on you? This article focuses on the stories youth and young adults told regarding the last theme. First, participants were introduced to this topic by the interviewer stating that children are placed in family foster care for a reason, and that many children experience unpleasant events prior to coming into care. Thereafter, questions focused on the impact of these events on the youth, which youth were asked to illustrate with examples (episodic narrative accounts). Examples of questions are: ‘Can you describe how your past experiences influenced your emotions while you were in care?’, and ‘What kind of conversations did you have with your foster parents about your past experiences?’. Since the actual traumas youth experienced were not the focus of this study, we refrained from directly probing them about these experiences, in order to prevent eliciting trauma-related emotions and stress. Despite this, many participants chose to disclose the nature of the traumatic childhood experiences nevertheless.

In a short questionnaire, participants additionally reported on their age, length of stay in family foster care, current living arrangement and whether they experienced any current mental health issues via an open-ended and a box-ticking question.

2.3. Procedure

An information letter about the research project was shared with youth and care leavers by two foster care organizations, two youth support groups and through social media. Interested participants were asked in our information letter to contact the researchers if they wanted to participate. With this sampling procedure it is difficult to ascertain how many youth received information about the study. We can therefore not report a response rate, although we expect that many youth chose not to participate due to reasons such as being uninterested, not having time, not feeling well enough to participate and not wanting to share their story. Ten youth responded to our initial sampling, and three additional participants were contacted using snowball sampling. Through emails and telephone calls, more information about the study was shared with the participants. If they agreed to participate, an appointment for the interview was made. The interviews were conducted between May 2014 and June 2015.

The participants were visited at home, unless they preferred another location. The interviews were conducted by the first author, who has a background in child welfare and training in conversation skills used within the child welfare field. The number of interviews varied between one and two, and a single interview lasted between one and two-and-a-half hours. All interviews were voice-recorded with permission of the participants. Informed consent was obtained from the participants after explaining the research procedure. Participants received a card with the contact information of the researchers and of two independent organizations that could provide after-care when they experienced negative consequences after recollecting their traumatic memories. The interviewer made observational notes about the interview after each meeting with a participant, regarding the setting of the interview, the participant, their own experiences and any difficulties they

experienced. These notes were discussed with the other researchers in order to strengthen the interview process. The study was approved by the Ethics Committee of the host institution.

2.4. Data analysis

Two trained master students transcribed the interviews ad verbatim and the first author checked randomly selected fragments of each interview for accuracy. The transcripts did not contain any identifiable information, such as names, places and dates. A team of three researchers analyzed the transcripts using open coding and thematic analysis (Braun & Clarke, 2006), supported by the software program NVivo 10. The aim of this analysis is to summarize the content of participants' stories by searching for recurring themes across the interviews. We treated the episodes narrated by the participants as a reflection of their reality, and hence started coding from the interview transcripts.

The transcripts were read and re-read twice, in order to get familiarized with the data corpus. The first five interviews were subjected to initial coding, in which the relevant extracts were selected and given a code: descriptive words that captured the essence of the extracts. Within each interview initial codes were collated to form (potential) themes. The themes of these five participants were compared and provided input for the codebook. The remaining interviews were coded according to the codebook. Analysis was a recursive process, therefore the researchers frequently discussed their coding, reflected on the coding process and tried to reach consensus when differences arose. Themes and subthemes had to be internally consistent, therefore the coded fragments within the subthemes were evaluated in light of their fit with the subtheme. Thematic-maps were made throughout the coding process, to monitor the fit of the subthemes and themes. These discussions resulted in new insights and adjustments to the codebook, and consequently in adjustments to the previously coded interviews.

For this study, themes and codes were included if they represented events or experiences that the participants perceived as traumatic. Experiences that occurred while living with their primary carers (birth parents or other carers) and the removal from their primary carers were selected. Second, themes and codes were included that represented *the impact* of these experiences on the participants. The impact could have occurred anytime between the experience and the interview, thus was not limited to time in foster care.

The codes were split into two groups: a group of codes on traumatic experiences, which we use for illustrative purposes, and a group of codes on the perceived impact of these experiences. The codes regarding the impact were reviewed and collated into new sub-themes and then grouped into overarching themes. This process was discussed among the authors until consensus was reached about where each code should fit. The analysis resulted in three themes: Experiencing emotional and social problems, Strategies to cope with trauma, and Impact not always experienced. Two of these themes also consist of subthemes (see Table 3). Finally, any links between the reported impact and specific traumatic experiences were explored using the ‘matrix coding’ function of NVivo, which searches for the co-occurrence of specified codes in the transcripts. In this case, it was explored if the various sub-themes of the reported impact were coded closely together with any of the reported traumatic experiences.

3. Results

3.1. Traumatic experiences

Participants reported a total of 20 traumatic experiences prior to coming into family foster care (see Table 1). The majority of these experiences were the result of acts of omission or commission by their parents, but could also be perpetrated by other adults close to the participants. Youth and young adults (from here on referred to as

Table 1

Overview of the traumatic experiences youth reported prior to family foster care.

Traumatic experience	# of participants
Parental problems	10
Psychological/psychiatric problems	4
Criminality	3
Drug addiction	2
Financial problems	1
Isolation	1
Inadequate parenting skills	8
Heated and escalating arguments	5
Parentification	5
No protection from or believing in maltreatment	3
Overly strict upbringing	3
Lack of structure, interest or autonomy	3
Maltreatment	5
Physical abuse	3
Sexual abuse	3
Witnessing violence in the home	1
Physical neglect	1
Emotional abuse	1
Absence of parents	3
Incarceration	1
Death	1
Hospitalization	1

Note. Participants could have recalled multiple traumatic experiences.

‘youth’) reported experiencing traumas due to inadequate parenting, various problems of their parents, maltreatment (neglect and physical, sexual and emotional abuse) and the absence of their parents. Examples are not receiving enough food, having to care for siblings, and an incarcerated father. The experiences related to ‘Inadequate parenting skills’ suggest the presence of physical maltreatment and emotional neglect and abuse but were not mentioned by the participants as such.

‘My mom suffered from depression, and she often just laid on the couch. I had to do a lot by myself. My mom was not someone who, when I came home from school, was waiting for me with a cup of tea and a cookie.’ Emma.

All participants were placed out-of-home, and of the nine youth who remembered their out-of-home placement, six specifically mentioned this as a traumatic experiences. They were mostly traumatized by the unexpectedness of the out-of-home placement. As Maaike indicated: ‘Just out of the blue, and then bang, you are gone’. However, also the circumstances surrounding the out-of-home placement, such as violence, contributed to the traumatic nature of the out-of-home placement. The youth who did not mention their out-of-home placement as traumatic, were removed under specific circumstances. One participant changed from weekend and holiday foster care to 24 h foster care and was thus familiar with her foster parents. Another participant had requested her own out-of-home placement, due to irreconcilable differences between her and her parents. Finally, one participant had been cared for by various family members and moved around a lot, and as a result did not experience the foster family placement as impactful, despite these caretakers being unfamiliar to him and the first official foster care placement.

Some youth were very young when they were removed from their homes and could not recall traumatic experiences. Four participants could not remember anything from before the foster care placement, and one remembered only parts of it. They learned about their adverse home environment later during their childhood, which included instances of parental substance abuse and neglect (see Table 2). While we considered removing them from the analysis, their stories illustrate how they believed these experiences and hearing about these experiences had an influence on them, despite not being able to recall the events. Youth, possibly together with their caretakers, actively link certain impact to these experiences they do not remember, in order to explain

Table 2

Overview of the traumatic experiences youth learned about during family foster care.

Traumatic experience	# of participants
Drug addiction parents	3
Neglect	3
Incarceration of parent	2
Witnessing violence in the home	1
Possible sexual abuse	1
Prostitution of mother	1
Parentification	1

Note. Participants could have recalled multiple traumatic experiences.

current problematic behaviors or emotions, or to prevent negative consequences in the future. The following two quotes are from participants who do not remember the event, but illustrate how these nonetheless impacted them:

‘I am really scared of kitchen knives, because my mother was killed with a kitchen knife. As a child I couldn’t eat with a knife.’ Araja.

‘At school when there were conversations about drugs and alcohol, I am like ‘guys, please not this subject’, you know. Because, I don’t know, it does kind of disturb me.’ Tessa.

3.2. Impact of the traumatic experiences

Table 3 shows the three themes and the accompanying sub-themes depicting the perceived impact of traumatic experiences as narrated by our participants. These themes are aggregated over the participants, indicating that different youth reported similar impact and that youth experienced multiple types of impact. Below, the themes and subthemes will be described and illustrated with quotes from the interviews.

3.2.1. Experiencing emotional and social problems

Participants mentioned problems resulting from their past that could be characterized as *internalizing problems*. Youth reported feeling depressed and sad because of their experiences. As Nicole said about hearing she would be removed from her parents: ‘I went home to my mother and brothers, and everyone was in tears. It was very intense; you don’t forget something like that’. Anxiety was also a recurrent internalizing problem, since youth mentioned having nightmares, being afraid of the dark, and having trouble sleeping. The out-of-home placement specifically left youth with a profound fear of being abandoned again, by their foster parents but also by their friends or partners. Traumatic experiences also had a negative impact on youth’s self-esteem: they indicated feeling inferior and were ashamed of their experiences.

‘I cut myself for a while. In that time I felt like I was nothing, and I was scared to become like my dad. I did not want to hurt people [like my dad did], so I hurt myself instead of others. That was really a shitty time.’ Araja.

An emotion that stood out in the stories of the participants was *anger*. They were angry about their experiences at home and about the out-of-home placement. Their anger was mostly directed towards their parents. Youth also commented on the fact that they in general became more prone to anger and had angry outbursts because they were anxious and lacked trust in their new caretakers. Especially the experience of sexual abuse caused a lot of anger: towards the perpetrator, towards people who knew about it but did nothing, and towards people showing any signs of sexual behavior.

‘We had the feeling [aunt] knew perfectly well what was going on [sexual abuse], but she did not care because we were not her children... I have been so angry with her.’ Jennifer.

Table 3
Overview of the themes and sub-themes depicting the perceived impact of traumatic experiences.

Themes	Sub-themes	Description
Experiencing emotional and social problems	Internalizing problems	Depression, anxiety, and low self-esteem
	Anger	Anger regarding the occurrence of the trauma and its perpetrators
	Loss of bonds	Physical and emotional loss of birth parents and friends
	Social problems	Problems in interaction with others, such as trust issues and being overly controlling
	Traumatic triggers	Situations or conversations that bring back traumatic memories
Strategies to cope with trauma	Lagging behind	General or specific developmental area lagging behind compared to peers
	Avoidance	Avoiding trauma-related feelings, conversations, triggers or people
	Searching for stability in care	Foster care provided the opportunity to have a stable home with stable caregivers
	Preserving sameness	Wanting to keep certain people, objects or situations the same as before the out-of-home placement
	Looking for answers	Wanting to understand their traumas and the reason for their out-of-home placement
Impact not always experienced	Turning negativity into positivity	Changing a problem into a strength, for example becoming stronger due to adversity
	Changing the future	Wanting to shape the future with lessons from their past experiences
	–	Not all traumatic experiences affected youth or not in every situation

The out-of-home placement specifically entailed a physical and emotional loss of their birth parents. The loss of bonds was commonly described by youth who indicated that the out-of-home placement was traumatic due to the unexpectedness of the event. For some, the placement resulted in a complete absence of contact, temporarily or up until the interview. Participants who remained in contact with their birth parents had to deal with the loss of physical closeness. While some were happy with the contact arrangements, others mentioned forced visitations, rigid arrangements or a lack thereof, and birth parents not honoring the arrangements. The emotional loss of parents resulted in feelings of loneliness and isolation. Youth missed their parents, whether they had contact with them or not, and they felt alone and lost without them.

‘...a foster child is a person who basically is alone. Despite that they have [foster] parents that take care of them, they do not have a mom and dad. I don't think a child will ever feel that way.’ Jennifer.

Youth with no parental contact mentioned they could not compare themselves to their parents; were they becoming like them or not? Throughout the placement youth felt they lost having a real mom and dad, and some were jealous of children who had an ‘ordinary’ family. Moreover, the bond between them and their foster parents was characterized as different from the bond with birth parents.

‘It was horrible, because I felt like I didn't have any parents and I didn't belong with my own family. So, I was very jealous of everybody around me, really very jealous.’ Maaïke.

Besides experiencing the loss of their parents, youth also mentioned being far away from their friends and having to change schools.

Social problems were also described by participants, indicating that traumatic experiences changed how they interacted with people. They mentioned having difficulties to trust other people. Youth who were sexually abused by a man specifically mentioned having trouble trusting men. Most ward off men and romantic relationships entirely. One participant, who felt particularly lonely after leaving the foster family, did seek a lot of male attention, but without the emotional commitment.

‘I had certain views, such as that I would never be able to love a boy, because they were all the same. That's the perception I got, because one person ruined it.’ Maaïke.

Other social problems were the need to have control in social situations, which participants attributed to powerlessness regarding the traumatic experiences. Moreover, interacting with other people was described as being more difficult when these people did not understand the traumas they had experienced. Lastly, having cared for their siblings could result in youth being overly caring towards others and not taking care of themselves or trying to control the behavior of peers like

they used to control their siblings.

The participants described how various situations could *trigger* memories of the traumatic experiences. These situations were frightening, and they tried to prevent these situations or withdrew from them if possible. In general, youth indicated that certain topics during conversations or on television could be triggering, such as parents, drugs or sex. Youth also mentioned some specific triggers. Arguments reminded youth of the fights back home, and physically abused youth expected corporal punishments during arguments. Youth with sexual abuse histories indicated that engaging in sexual activities was very difficult and that being naked made them feel vulnerable. Other triggers included kitchen knives, a pat on the shoulder, encountering men who share physical characteristics with her abuser, and noticing symptoms of manic depression. Traumatic triggers were often mentioned in relation to violent traumatic experiences, such as physical maltreatment, escalating arguments and violence in the home.

‘In the beginning I found it difficult when people were arguing, because my parents used to argue often. It would bother me a lot, and I really needed to talk about it.’ Charlotte.

Finally, youth felt their past caused them to *lag behind* compared to other children. The environment in which they grew up did not support them to develop autonomy or talk about sensitive issues. Youth related this to their parents' lack of parenting skills, such as an overly strict upbringing, or a lack of structure and autonomy in their upbringing.

‘I wasn't raised to be articulate and speak my mind. Now, I can say what I think and stand behind my beliefs, whether you agree or not.’ Savannah.

Youth could also feel their overall development lagged behind compared to their peers, due to their impoverished previous home-environment. Moreover, traumas made youth feel more vulnerable than others, and made it difficult for some to concentrate on school. As a response, youth tried hard to proof their capabilities, not only to others, who sometimes expressed their low expectations, but also to themselves.

3.2.2. Strategies to cope with trauma

In order to cope with traumatic experiences and their impact, youth employed various strategies, allowing them to lead normal lives. *Avoiding* trauma-related feelings, people and triggers was one of these strategies. To prevent them from becoming overwhelmed by their emotions, youth closed themselves off from their emotions. This could even go as far as heavy drinking or hurting themselves in order to inhibit their emotions. Conversations about their traumatic experiences were also avoided, because these could resurface their emotions and lead to ruminating about their experiences.

‘I just buried everything, didn't think about it, because then I can get sad

or angry, and I didn't want that to happen.” Joyce.

Furthermore, youth closed themselves off from the people around them. They did not share their experiences with their environment, because they did not want to receive special treatment or pity. Youth were also reluctant to fully be themselves in the foster family, afraid to be sent away for not fitting in. Finally, youth avoided certain people or situations that could trigger their trauma, such as perpetrators and people like them.

Youth indicated that the out-of-home placement provided them with the opportunity to *search for a stable and safe environment in care*. After much instability before, foster care provided them with a more structured environment in which they were properly taken care of. Despite the provision of external stability, youth needed some time to adjust to this new normal. One participant for example mentioned she had to get used to eating three meals a day. After this initial period of searching, youth indicated that they were happy with their placement and felt they could be children again, instead of bearing too many responsibilities. Having the feeling that they could stay with their foster parents until adulthood helped youth to overcome some of their anxieties. Furthermore, the stability of the foster home was seen as a fresh start, where they had the opportunity to grow.

‘Those small things gave me the feeling that I could start over. That I had the possibility to become who I wanted to be.’ Jennifer.

Youth also wanted to *preserve sameness* in order to experience stability, which meant keeping certain people, objects or situations the same as before the out-of-home placement. Siblings placed in the same foster family, friends or partners could remain a safe haven for them. Stability was also found in continuing certain activities, such as going to (the same) school, engaging with their hobbies and practicing their religion. Lastly, youth could attribute value to objects they took from their parents' home or to their pets. This sameness seemed to contribute to their sense of belonging and their identity.

‘[The feeling of not belonging in the foster family] did not last long, because I was still living in the same city and my normal life simply continued. I hung out with the same friends and I was going to the same school.’ Emma.

Childhood experiences left youth with many questions for which they *searched answers*. They wanted to understand what had happened to them and why their parents, who should have cared for them, harmed them. This ‘mystery’ had to be solved in order to find closure. Specifically the out-of-home placement was a confusing event for youth, because they did not understand why they were placed in foster care, or why their parents could not care for them anymore. Another experience that often led to questions was a history of sexual abuse. Youth wanted to understand why the perpetrator did it, or they were so young that only later they started to realize what had happened. Finally, youth tried to understand why their parents had maltreated them. They created a new and more realistic image of their parents by coming to terms with the harsh reality of their histories, by trying to learn more about their histories, and by trying to understand their parents' problems.

‘I really wanted to know why my mother couldn't take care of us. I knew her boyfriend was not right, but nobody wanted to say anything to me. There was always this big mystery about it. I was so done with that.’ Shanti.

Although traumatic experiences often negatively impacted youth, this could be *turned into something positive*. Youth indicated that having dealt with traumas made them more mature compared to their peers and more capable to deal with difficulties in future situations. Traumatic experiences also made youth more caring towards others, because they had cared for their parents or siblings (in cases of parentification) or because they experienced the positive effects of people

caring for them. The out-of-home placement could provide youth with the ability to reconnect with their birth parents, because physical distance made it possible to focus on their relationship. Lastly, youth mentioned that they learned to trust their intuition and were less prone to fight with people.

‘Because of my childhood and how I grew up, I always want to help others and be there for them.’ David.

Although on the one hand youth coped with the past by not engaging with it, on the other hand they mentioned how they *shaped their future* using lessons from their past. Youth who had drug- or alcohol-abusing parents were very aware of their own perceptions about these substances and risks associated with drugs and alcohol. In addition, youth did not want their own children or other children to experience the neglectful and abusive upbringing they received. They were keen on becoming adequate parents and caretakers in the future. Lastly, youth who grew up in impoverished conditions were more aware of the value of money compared to their peers.

‘I will do anything to not become like her [mother]. Seriously everything. And later, I want to become a good mom.’ Tessa.

3.2.3. Impact not always experienced

Although all participants mentioned negative consequences from traumatic experiences, they also illustrated that some experiences did not affect them, and that some experiences did not affect them in every situation. Many youth did not feel that their school results were affected by traumatic experiences. School and their (foster) home were kept separated, because this allowed them to be a regular student and consequently gave them a sense of normalcy. Youth also mentioned that they were doing well at school because of the out-of-home placement and the opportunities they got from their foster parents. Youth who did not remember certain events because of their young age, mentioned how some of these events therefore did not affect them. Moreover, some youth indicated that the past did not make them feel sad. The absence of negative consequences did not withhold foster parents or professionals to be concerned about the traumatic experiences of youth. Their concerns could be experienced as intrusive and unnecessary by youth.

‘They all think that, because I've been through a lot, that I cannot handle [school], and that [my experiences] will hold me back.’ Joyce.

4. Discussion

This study investigated the impact youth experience from traumatic experiences prior to living in family foster care. The perceived negative impact of these traumas, such as anger, internalizing problems, social problems and traumatic triggers, align with clinical studies indicating symptoms related to PTSD (American Psychiatric Association, 2013) and dysregulations related to complex trauma (Cook et al., 2005; Van Der Kolk, 2005). Our findings suggest that even youth who do not remember their traumatic histories can experience negative consequences when hearing about their backgrounds. In addition to negative impact, youth indicated the possibility for positive change after traumatic experiences.

While none of the participants reported a diagnosis of PTSD, many did experience symptoms related to this diagnosis. Especially re-experiencing the event and angry reactivity stand out in the stories of the participants. Youth reported a great variety of triggers that cause intrusion of trauma-related memories and feelings, which can subsequently result in suppression or withdrawal (Ehlers, Hackmann, & Micheal, 2004; Kleim, Graham, Bryant, & Ehlers, 2013). In addition to perceptual triggers, youth indicated the presence of auditory triggers when encountering certain conversation topics, and contextual triggers, such as engaging in certain activities. This variety in triggers makes it difficult for foster parents and professionals to pro-actively prevent

intrusion, although violent traumatic experiences should alert them to the presence of possible triggers. Regarding the reactivity resulting from traumatic experiences, the stories of youth indicated that anger was an important negative consequence, which was mostly geared towards the perpetrator of the abuse and neglect. Anger rumination has been identified as an important link between childhood traumas and PTSD in other research (Glück, Knefel, & Lueger-Schuster, 2017). While anger and resentment are legitimate emotions after experiencing interpersonal trauma (Murphy, 2003), coping with these emotions seems specifically important for youth in foster care, especially when these are geared towards their birth parents to which they might feel a sense of loyalty (Atwool, 2013).

In addition to PTSD symptoms, youth also experienced a variety of other problems that correspond with complex trauma. Interpersonal traumas by caregivers can result in problems with attachment, affect regulation, cognition and self-concept (Cook et al., 2005; Van Der Kolk, 2005). Detachment from parental figures, trust issues and fear of rejection relate to attachment difficulties. Moreover, the removal from birth parents seemed to instigate feelings of ambiguous loss in youth, which contributed to attachment difficulties. Ambiguous loss refers to situations in which loved ones are either psychologically present but physically absent, or psychologically absent but physically present (Boss, 1999). When not acknowledged, this loss can negatively impact the relationship with their foster carers and prevent them from benefiting from their care (Mitchell, 2017). These results highlight the interconnectedness of the impact of traumas by caregivers and the removal from these caregivers on the attachment representations of youth (see also Schofield & Beek, 2009). Problems with affect regulation were also common among youth. They shared feelings of anxiety, sadness, depression and anger when recollecting the impact of traumas. Furthermore, youth indicated problems with cognition, behavior and self-concept when sharing their concentration problems, problems interacting with others, and low self-esteem. These results align with studies which indicate that, in addition to PTSD and related symptoms, complex trauma is an important theoretical construct when examining the impact youth in foster care experience from traumatic experiences (Greeson et al., 2011).

Youth also illustrated processes that underlie their problems and how they cope with them. Many dysregulations were attributed to fear of rejection, losing trust in their environment, feelings of inferiority, and powerlessness. Youth in this study employed various kinds of strategies to cope with the impact of their experiences. While some coping mechanisms were adequate, such as seeking answers to complete the trauma-narrative, many indicated avoidant coping, such as heavy drinking, emotionlessness and self-harm. Foster parents can assist youth with adopting more appropriate coping mechanisms in order to prevent further problems from inadequate coping (Browne, 2002).

Finally, this study sheds light on the possibility for positive change after traumatic experiences. First, youth mentioned that traumas did not always impact them, or not in all situations. Traumatic experiences do not always result in PTSD or other negative consequences. Youth may have been coping well with certain traumatic experiences, for example through compartmentalizing their school and foster care lives (Bowins, 2012). However, it is also possible that youth employed repressive coping, that is, reporting low levels of anxiety and distress related to the traumatic event while exhibiting physiological markers of distress (Myers, 2010). Secondly, youth indicated traumas could stimulate them to search for stability in their new environment and personal growth by turning negativity into positivity and changing their own future. Some youth might have experienced posttraumatic growth, which means developing oneself beyond the previous level of psychological functioning (Tedeschi & Calhoun, 2004). Several studies have shown the possibility for posttraumatic growth in adults (see Schubert, Schmidt, & Rosner, 2016 for a review). Although studies on posttraumatic growth in children have been conducted, determining whether an increase in psychological functioning stems from posttraumatic growth

or normal childhood development is challenging (Kilmer, 2006).

4.1. Strengths and limitations

The retrospective design of the current study allowed for insight into the impact youth experienced throughout foster care and the processes over time. However, the time between the experienced impact and the interview could span multiple years. Although studies have shown that children are able to recall specific distressing events accurately, accuracy declines when children were younger during the event and when it is not a singular event, as is the case with many of the traumatic experiences in this study. Studies have additionally indicated that problems with dating the memories might make it difficult for the participants of this study to differentiate between the impact from traumatic experiences prior to care and experiences in care, such as placement changes and stigmatization (see Peterson, 2012 for a review). Especially since some youth did not remember traumatic experiences prior to placement, these issues may have influenced our results. Repressive coping may have additionally limited the abilities of the participants to recall the traumatic experiences and their impact (Myers, 2010). A strength of this study is that it centered around youth's voices. Nevertheless, their narratives might be shaped with the help and insights of foster parents and professionals. With regard to the study design, we chose a thematic analysis that searches for themes in the stories of participants. This analysis aims to summarize the content of participants' stories by aggregating codes over cases (Braun & Clarke, 2006). Hence, case-specific information and narrative characteristics of participants' stories are omitted. A final limitation is that the participants represent youth who are willing and able to take part in an interview study and were reached by our recruitment methods. Hence, youth and young adults who currently experience problems, such as severe mental health issues or homelessness, or care leavers who did not remain in contact with their former foster parents might not have been included because they were not reached or did not feel comfortable or capable of participating.

4.2. Implications

Youth in family foster care reported problematic impact from traumatic experiences prior to living in family foster care, even when these experiences were not remembered. Future research could explore how conversations with foster parents and other professionals shape the stories of youth and contribute to their meaning-making process. This study also explored whether the type of impact could be related to the type of traumatic experience. The results showed that violent traumatic experiences, sexual abuse, inadequate parenting and the out-of-home placement were associated with certain impact. Other studies could more thoroughly investigate these connections in order to provide youth with appropriate interventions and support. Finally, youth also indicated that opportunities to grow after traumatic experiences. Future research could investigate experiences of posttraumatic growth in children in foster care and how to stimulate posttraumatic growth.

Youth in foster care seem able to recognize the clinical impact traumas can have on them. Stimulating their awareness of these processes helps them understand their own behavior and reactions and could stimulate them to seek help when needed. Conversations about these sensitive subjects should be characterized by trust and interest (Steenbakkers et al., 2016). Complex trauma negatively impacts children's attachment and interaction skills (Cook et al., 2005), making it difficult for them to benefit from the care of foster parents. Simultaneously, children are struggling with the loss of the bond with their birth parents. Interventions should be tailored to the interconnectedness of complex trauma and attachment, in order for children to truly benefit from these interventions. Moreover, interventions should also focus on the lived experiences of children regarding the processes underlying the problems they experience, such as fear of rejection and

powerlessness, and focus on helping them employ adequate coping mechanisms, such as finding answers to their questions and preserving sameness. Foster parents and professionals should be aware that also traumatic experiences that are not remembered by youth may have a negative impact on them, especially when youth become more aware of their histories. Moreover, professionals removing children from their parents can limit the traumatic nature of this separation by announcing this change to children prior to the removal and having them participate in the decision-making process (Vis, Strandbu, Holtan, & Thomas, 2011). Professional can also help children through this transition with additional support and, when the situation allows for this, a period with weekend stays at the foster family in the beginning. Finally, youth can be made aware of the growth they are already experiencing or could experience in the future. Foster parents are important actors in these processes. They can help youth understand the impact of traumatic experiences, prevent intrusion if they know youth's history, and identify therapeutic needs.

Declarations of interest

None.

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